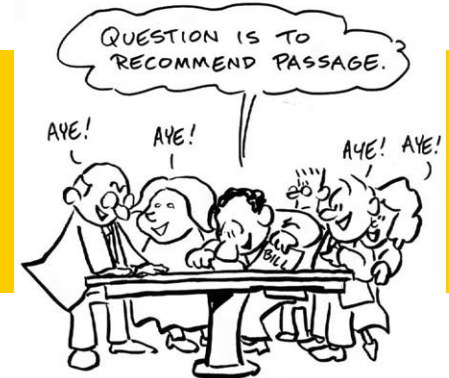




Changes to Utah's EMS Law

Disease Testing of Individuals Exposed to
Blood borne Pathogens (S.B. 19)

Senate Bill 19



- ✦ Effective date, May 2, 2005
- ✦ Repeals provisions in the Health Code regarding workplace testing for exposure to blood borne pathogens
- ✦ Moves provisions from the Health Code to the Labor Code regarding worker's compensation presumption for EMS providers
- ✦ Amends provisions in the Judicial Code regarding court-ordered disease testing for at risk public safety officers
- ✦ Adds Hepatitis C to the definition of disease for the purposes of disease testing and the presumptions for workers' compensation



Repeals Section 26-6a

- ✖ Removes requirement to send samples through the State Health Laboratory
 - Rapid HIV testing can be used if offered at facility
 - Faster turn around time for results
- ✖ Baseline testing still conducted
 - Results are **NOT** sent to Utah Department of Health
- ✖ All exposures must be documented
 - Employer must follow OSHA standards to document exposure
 - Current Exposure Report Form (ERF) is **NOT** used to document the exposure



Health Code to Labor Code

✧ Presumptive Eligibility

- EMS worker is baseline tested at time of employment or was employed prior to July 1, 1988
- EMS worker documents on-the-job exposure
- EMS worker becomes infected with HIV, HBV and/or HCV (added)
- EMS law presumes the infection(s) is job-related
- Employee can be compensated under the Workers' Compensation Program



Court-Ordered Disease Testing

- ✦ EMS provider or first aid volunteer who is significantly exposed during the course of performing their duties may:
 - Request the person who exposed them to voluntarily submit to testing
 - Petition the district court for an order requiring that the person who exposed them submit to testing
 - Results of the test will be disclosed to the petitioner by the Utah Department of Health

Reporting Requirements

- ✦ All significant exposures must be reported
- ✦ Significant exposure means:
 - Contact with blood or potentially infectious body fluids with broken or non-intact skin
 - Can include a bite that breaks the skin
 - Splashes to mucous membranes (eyes, nose, mouth)
 - Needle stick or other sharps wound



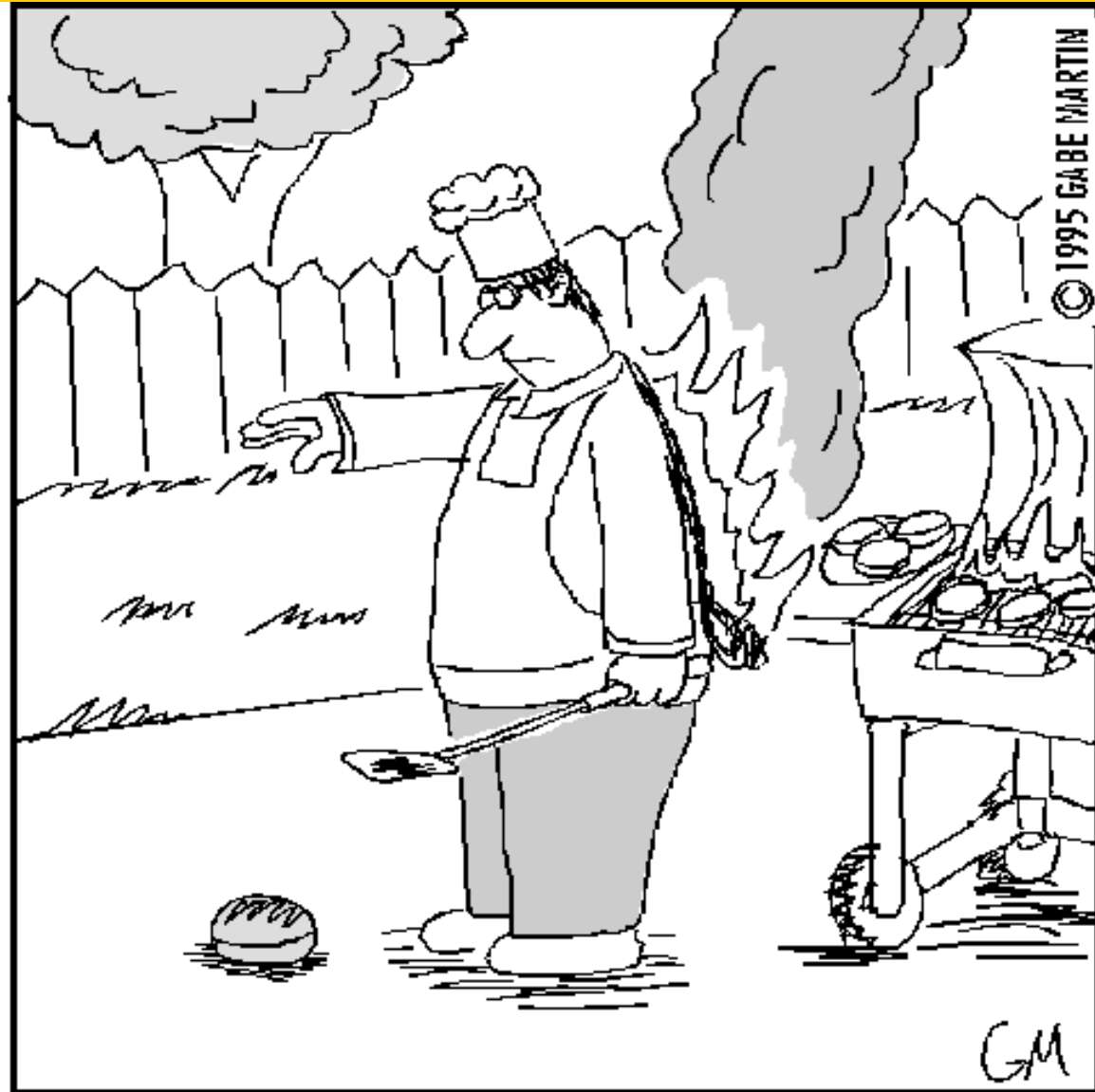


Potentially Infectious Body Fluids

- ✂ blood
- ✂ amniotic fluid
- ✂ pericardial fluid
- ✂ cerebrospinal fluid
- ✂ vaginal secretions
- ✂ or any other fluid visibly contaminated with blood
- ✂ peritoneal fluid
- ✂ pleural fluid
- ✂ synovial fluid
- ✂ semen
- ✂ cervical secretions

The
BORDERLINE

By Gabe Martin



<http://www.cts.com/~borderln/>

Panic begins to set in as Herb realizes that dropping a roll hasn't helped.



Exposure Control Plan

- ✦ Each employer having an employee(s) with potential occupational exposure shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure
 - reviewed and updated at least annually
 - whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure
 - reflect new or revised employee positions with occupational exposure

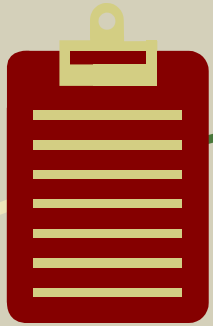
OSHA Recommendations

✧ Blood borne Pathogens Revision, April 18, 2001

✧ 1910.1030(f)(3)

- Post-exposure evaluation and follow-up
- Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:





OSHA Recommendations

- ✖ Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred
- ✖ Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law



Documentation

- ✖ The Utah Department of Health Exposure Report Form will not be used after **May 2, 2005**
- ✖ Each agency will have to design their own reporting form and maintain a confidential employee file containing:
 - Baseline employment testing
 - Documented exposures
 - Test results and follow-up



OSHA Recommendations

- ✖ The source individual's blood should be tested as soon as feasible and after consent is obtained in order to determine HIV/HBV/HCV infectivity
- ✖ If consent is not obtained, the employer shall establish that legally required consent cannot be obtained
- ✖ When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented



OSHA Recommendations

- ✖ When the source individual is already known to be infected with HIV/HBV/HCV, testing for the source individuals known status need not be repeated
- ✖ Results of the source individual's testing shall be made available to the exposed employee
- ✖ The employee shall be informed of applicable laws and regulations concerning disclosure of identity and infectious status of the source individual



Blood Collection

- ✖ The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained
- ✖ If the employee consents to baseline blood collection, but does not give consent at that time for HIV testing, the sample shall be preserved for at least 90 days
- ✖ If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible



Payment for Testing

- ✦ If testing is court-ordered, the petitioner shall pay for the blood draw and testing
- ✦ If the petitioner is EMS, the employing agency shall pay for the blood draw and testing
- ✦ If the individual is incarcerated, the incarcerating authority shall either draw the specimen or pay the expenses of having the blood drawn and tested

Post-Exposure Prophylaxis

✦ CDC recommendations :

- If indicated, start Post-Exposure Prophylaxis (PEP) as soon as possible after an exposure
- Re-evaluation of the exposed person should be considered within 72 hours post-exposure, especially as additional information about the exposure or source person becomes available
- Administer PEP for 4 weeks, if tolerated
- If a source person is determined to be HIV-negative, PEP should be discontinued





Post-Exposure Prophylaxis

- ✖ Risk of HIV infection due to a percutaneous exposure is 0.3%
- ✖ Risk of HIV infection from blood exposure to skin and/or mucous membrane is $>0.1\%$
- ✖ PEP should be done in consultation with medical staff experienced in HIV care
- ✖ Ideally treatment should begin within 1-2 hours after the initial exposure has occurred
- ✖ Treatment can be given up to one week post-exposure if recommended by an experienced HIV medical provider



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